

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212529973					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Dominion Nuclear Projects, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: 06015721</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
CLASS	AUTHORIZED						
COMMON	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 120 TREDEGAR STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23219</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID A HEACOCK TITLE: P/CHF NUCLR OFF ADDRESS: 5000 DOMINION BLVD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DAVID A HEACOCK TITLE: P/CHF NUCLR OFF ADDRESS: 5000 DOMINION BLVD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	LESLIE N. HARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5000 DOMINION BOULEVARD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	J. ALAN PRICE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5000 DOMINION BOULEVARD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	CARTER M REID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GENCOUNS/SEC		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	SHARON L BURR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. SEC.		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	G SCOTT HETZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TAX&TREAS		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	JOHN L. NEWMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23060		
NAME:	MICHELE L. CARDIFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	120 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	PAUL E RUPPERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	120 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	DANIEL G STODDARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1022 HALEY DRIVE		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	FRED G. WOOD, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	120 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	DAVID A CHRISTIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ SHARON L BURR	SHARON L BURR, ASST. SEC.	8/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		